STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155711	A. BUILDING _____ B. WING _____	R-C 08/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR HEALTHCARE	2926 N CAPITOL AVE INDIANAPOLIS, IN 46208

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00129554 completed on June 3, 2013.

Complaint IN00129554 - Corrected

This visit was done in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00130548 completed on June 19, 2013.

This visit was done in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint (s) IN00131477 and IN00132118 completed on July 17, 2013.

This visit was done in conjunction with the investigation of Complaint IN00134794.

Survey Dates: August 19 and 20, 2013

Facility number: 000567
Provider number: 155711
AIM number: 100289560

Survey team:
Lora Brettnacher, RN-TC
Jeanna King, RN

Census bed type:
NF: 11
SNF/NF: 23
Total: 34

Census payor type:
Medicare: 1
Medicaid: 33

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155711	A. BUILDING _____ B. WING _____	R-C 08/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR HEALTHCARE	2926 N CAPITOL AVE INDIANAPOLIS, IN 46208

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	Continued From page 1 Total: 34 Sample: 3 Highland Manor Healthcare was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Post Survey Revisit to the Investigation of Complaint IN00129554 completed on June 3, 2013. Quality review completed on 08/23/2013 by Brenda Marshall Nunan, RN	{F 000}		